



APPLICATION FOR BOXER LICENSE OR RENEWAL OF LICENSE

State Form 45727 (R2 / 6-01)

Approved by State Board of Accounts, 2001

Indiana Professional Licensing Agency
302 West Washington Street, Room E034
Indianapolis, Indiana 46204-2700
(317) 232-2980

INSTRUCTIONS: COMPLETE ALL AREAS THAT ARE NOT SHADED.

ATTACH TWO (2) PHOTOS	License number	
	Date issued	Date expires
	Medical approval	Previous license number
	LICENSE FEES	
	A \$10.00 license fee must accompany this application. <i>(please check one)</i> <input type="checkbox"/> Original license <input type="checkbox"/> Renewal license	

25-9-1-10 Persons not entitled to licenses and permits. No permit or license may be issued to any person who has not complied with this chapter or who, prior to the applications, has failed to obey a rule, regulation or order of the State Boxing Commission. In the case of a club, corporation, or association, no license or permit may be issued to it if, prior to its application, any of its officers have violated this chapter or any rule, regulation or order of the State Boxing Commission. No promoters, physicians, referees, judges, timekeepers, matchmakers, or professional boxers, their managers, trainers or seconds may be licensed if they are holders of a federal gambling stamp. A license or permit when issued shall recite that the person to whom it is granted has complied with this chapter, and a license or permit is not transferable. This application must be verified under oath of the applicant. No assumed or ring names shall be used in any application nor in any advertisement of any such contest, unless such ring or assumed name has been registered with the commission with the correct name of applicant. *(Each application for license by a contestant, or for renewal thereof, must be accompanied by the certificate of a physician residing within the state, who has been licensed as herein provided, certifying that such physician has made a thorough physical examination of the applicant, and that the applicant is physically fit and qualified to participate in boxing or sparring matches or exhibition.)*

APPLICANT SECTION

Full name of applicant <i>(please print)</i>			Ring name <i>(please print)</i>	
Residence address <i>(number and street, city, state, ZIP code)</i>				
Residence telephone number			Business telephone number	
Social Security number *			* This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1. Disclosure is mandatory.	
Normal weight	Ring weight	Height	Date of birth	Place of birth <i>(city, state)</i>
Check the type of verification of date of birth <input type="checkbox"/> Driver's license <input type="checkbox"/> Birth certificate <input type="checkbox"/> Passport <input type="checkbox"/> School record <input type="checkbox"/> Baptismal certificate <input type="checkbox"/> Certificate of Discharge from the United States Armed Forces				
Occupation			Name of employer	
Employer's address <i>(number and street, city, state, ZIP code)</i>				
Have you ever had a license revoked or suspended by a city or state boxing commission? <i>(If yes, specify date and location)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you now licensed or have you been issued a license by any city or state boxing commission? <i>(If yes, specify date and location)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you been knocked out or severely beaten in the past sixty (60) days? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a felony? <i>(If yes, specify date, location and full details on a separate sheet of paper.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
If license is issued to you under this application, do you promise and agree to faithfully and honestly observe and obey the laws of the state of Indiana and the statutes and rules of the State Boxing Commission relative to boxing or sparring matches or exhibitions and do you specifically agree that you will not engage in any boxing or sparring matches or exhibitions for any person or corporation other than a promoter duly licensed by the State Boxing Commission under the statutes and rules of the state of Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you clearly understand that any violation of the laws of the state of Indiana and / or the statutes and rules of the State Boxing Commission and / or of the promises and agreements made by you in this application contained may result in the suspension or revocation of any license issued to you hereunder? <input type="checkbox"/> Yes <input type="checkbox"/> No				
I affirm under the penalties of perjury, that the statements made in this application are true and correct to the best of my knowledge.				
Signature of applicant			Printed name of applicant	
			Date <i>(month, day, year)</i>	